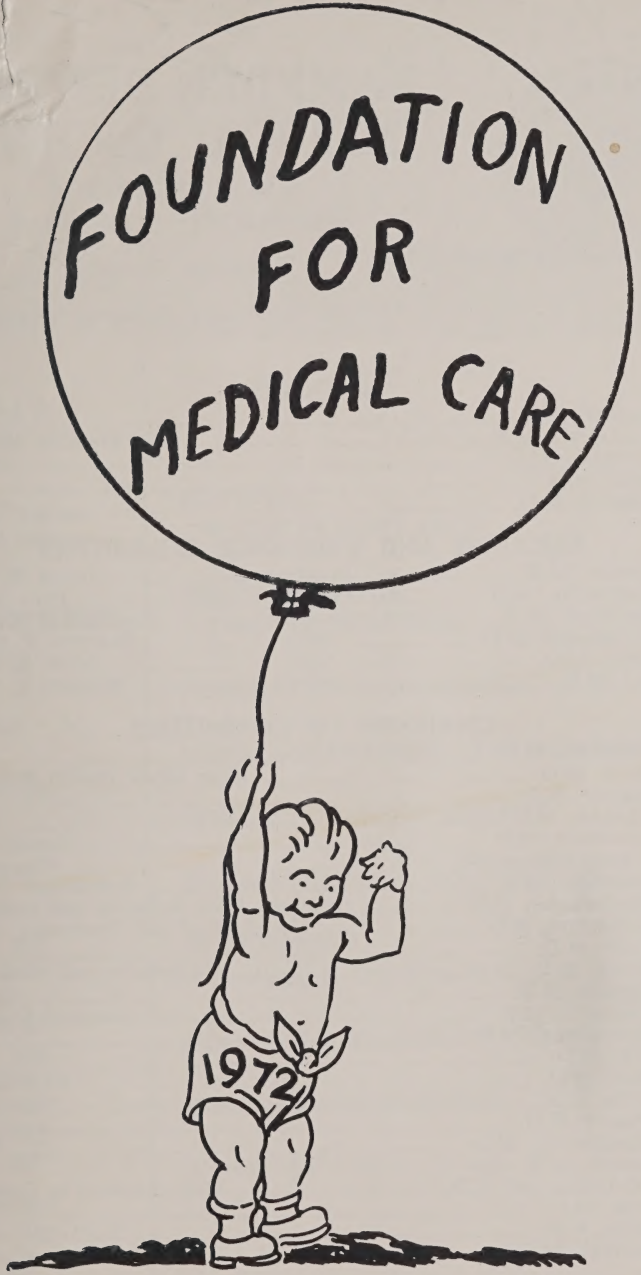


The Hampden Hippocrat

JANUARY, 1972

HAMPDEN DISTRICT MEDICAL SOCIETY

1414 STATE STREET
SPRINGFIELD, MASS. 01109

Telephone: 736-0661

VIVIAN M. PURDY, *Executive Secretary*

OFFICERS

JOHN J. BANDEIAN, M.D. — *President*
ROBERT N. LAMARCHE, M.D. — *Vice President and President Elect*
SETRAG A. ZACARIAN, M.D. — *Secretary*
PAUL T. MOORE, M.D. — *Treasurer*
ROCCO A. VERRILLI, M.D. — *Assistant Secretary*

EXECUTIVE AND GRIEVANCE COMMITTEES

JOHN J. BANDEIAN, M.D.	*Ex-officio*	JOHN W. TURNER, M.D.
ROBERT N. LAMARCHE, M.D.	*Ex-officio*	PAUL T. MOORE, M.D.
SETRAG A. ZACARIAN, M.D.	*Ex-officio*	BERNARD N. GILCHRIEST, M.D.
WILLIAM J. CUMMINGS, M.D.	1972	SHELDON S. GOLDBERG, M.D.
JAMES D. FISHER, M.D.	1973	JOHN E. MCHUGH, M.D.
JOHN J. BURKE, M.D.	1974	WILLIAM E. SHEEHAN, M.D.

CHAIRMEN OF COMMITTEES

HOWARD N. SIMPSON, M.D. — *Auditing*
JOSEPH R. KELLY, M.D. — *Blue Shield District Professional Service*
HARRY N. MEMERY, M.D. — *By-laws*
MALCOLM S. ALLAN, M.D. — *Censors*
ALFONSO A. PALERMO, M.D. — *Commissioner of Trials*
FREDERICK C. SCHWENDENMANN, M.D. — *Disaster Medical Care*
HOWARD N. SIMPSON, M.D. — *Foundations for Medical Care*
RICHARD C. HIRSCHHORN, M.D. — *Insurance, Labor Relations, and Industrial Accidents*
ROBERT N. LAMARCHE, M.D. — *Interhospital and Community Health Planning*
JAMES D. ALLAN, M.D. — *Legislative*
AGOSTINO NATALE, M.D. — *Malpractice and Medico-Legal Affairs*
AUGUSTO G. ASINAS, M.D. — *Medical-Religious*
H. BERNARD TILLMAN, M.D. — *Members' Insurance Programs*
STANLEY D. RAPINCHUK, M.D. — *Mental Health*
JOHN E. YELLE, M.D. — *Nominating*
FRANK G. MILLS, M.D. — *Nursing Home Comm.*
BRUCE B. STOLER, M.D. — *Peer Review Comm.*
JOHN J. ZADWORNY, M.D. — *Public Health*
BERNARD N. GILCHRIEST, M.D. — *Public Relations*
JOHN J. BANDEIAN, M.D. AND ROBERT N. LAMARCHE, M.D. — *Representatives to Community Council*
BERNARD BLOOM, M.D. — *Scholarship*
BRUCE B. STOLER, M.D. — *Tax-Supported Medical Care*
CARLO Q. MONTORI, M.D. — *Woman's Auxiliary*

COUNCILORS TO THE MMS

JOHN C. AYRES, M.D. — *Executive Councilor*
JAMES D. ALLAN, M.D. — *Alternate to the Executive Councilor*

MALCOLM S. ALLAN, M.D.
AUGUSTINO G. ASINAS, M.D.
JOHN J. BANDEIAN, M.D.
BERNARD BLOOM, M.D.
MAURICE J. BOIVIN, M.D.
GARDNER COX, II, M.D.
LOUIS F. DEROSE, M.D.
ELMER F. FRANSEEN, M.D.
JAMES J. GALLAGHER, M.D.
BERNARD N. GILCHRIEST, M.D.
DONALD R. HAYES, M.D.
GARRY DEN. HOUGH, III, M.D.
ALLEN S. JOHNSON, M.D.
JOSEPH R. KELLY, M.D.
ROBERT N. LAMARCHE, M.D.
PAUL T. MOORE, M.D.
WALTER S. MOZDEN, M.D.
VICTOR PANITCH, M.D.
WALTON E. STEVENS, M.D.
JOSEPH R. STIRLACCI, M.D.
BRUCE B. STOLER, M.D.
SETRAG A. ZACARIAN, M.D.

THE HAMPDEN HIPPOCRAT
·1942·

VOL. XXVIII, NO. 1 JANUARY 1972

CONTENTS

EDITORIAL
WHOSE PATIENT AM I? 4

PRESIDENT'S PAGE
TIME FOR DECISION 6

FOUNDATIONS FOR MEDICAL CARE 8

HDMS DECEMBER MEETING HIGHLIGHTS 14

HDMS SCHOLARSHIP AWARDS 16

25th AMA CLINICAL CONVENTION 17

IN MEMORIAM
PARKER C. CARSON, M.D. 24

HDMS EXECUTIVE COMMITTEE 25

WELCOME NEW MEMBERS 27

A NEW SERVICE 29

A bulletin for
The Hampden District of
The Massachusetts
Medical Society

Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

BOARD OF EDITORS

MAX MILLMAN, M.D.
Editor-Emeritus

JOHN C. AYRES, M.D.
Editor-in-Chief

H. BERNARD TILLMAN, M.D.
Assistant Editor

ASSOCIATE EDITORS

ROBERT M. ABRAMS, M.D.
OLIVE A. COOPER, M.D.
FRANK G. MILLS, M.D.
WALTER S. MOZDEN, M.D.
WILLIAM E. NESSELL, M.D.
ROLAND F. STEBBINS, M.D.
WALTON E. STEVENS, M.D.
SETRAG A. ZACARIAN, M.D.
JOHN J. ZADWORNY, M.D.

JOSEPH B. GREENSPAN, M.D.
Secretary and Business Mgr.

MRS. ARTHUR WILLARD
Advertising Director

THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

Communications pertaining to editorial content should be addressed to the Editor-in-Chief, 1414 State Street, Springfield, Mass. 01109.

Business communications should be addressed to the Business Manager, 91 School Street, Springfield, Mass. 01105.

Communications pertaining to advertising should be addressed to Mrs. Arthur Willard, 62 Irvington Street, Springfield, Mass. 01108; telephone: 733-5336.

To be assured of uninterrupted delivery of **The Hampden Hippocrat,** notify us in advance of an address change and include your ZIP CODE number.

Editorial . . .

WHOSE PATIENT AM I?

At the last Clinical Convention of the AMA, the House of Delegates adopted the following resolution, which on the surface seems to be redundant and merely a restatement of a long-held ethical and legal dogma. To quote:

"Resolved, That this House of Delegates of the AMA go on record as opposing any regulations that prevent the physician on the staff from controlling decisions concerning the care of his own patients; and be it further

Resolved, that this resolution be brought to the attention of all teaching hospitals; and be it further

Resolved, that this resolution be referred to the Council on Medical Education and to the Judicial Council to study the problem of the use of patients as teaching material for medical students, interns, and residents, and report to this House at its annual session in 1972."

HOW COME?

Apparently of late, there has been emerging at many hospitals which have affiliated with medical schools a dissension amongst physicians over who has ultimate control of the care of the patients. Not only is this dissension surfacing at university medical centers but also in community hospitals which are increasingly becoming affiliated with medical schools. The conflict from the attending physicians' viewpoint seems to encompass such questions as (1) who has the final say on diagnosis and treatment, (2) who has general control over private patient management, (3) will the hospitals' governing body take away attending physicians' privileges should the latter desire not to participate in the teaching program, and (4) is the hospital with its full-time staff entering into competition with the attending physicians for patients whose care is to be paid for by a third party.

On the other hand, medical schools, hospital boards, and full-time service chiefs view the problem otherwise. To counteract governmental and community criticism regarding physician shortages, medical schools are expanding their teaching domains to provide for increased enrollments. Aggravating this expansion is the tremendous increase in third party payments which has brought about a sharp decline in the number of indigent patients – the traditional teaching population; hence, more affiliations spreading out to and involving community hospitals and more competition for Medicare and Medicaid patients. Convinced that teaching services mean more prestige and a better quality of medical care, hospital boards and communities are vying for medical school affiliations. Moreover, who would dare stand up against educating fledgling physicians in any and every hospital?

PROBLEMS

Unfortunately in this mad rush to train more and "better" physicians with "higher quality" medical care as a bonus, there are certain implications and infringements of private practitioners' rights. House staff and full-time chiefs not only can but do take over private patient care. In some extremes, the attending physicians cannot write

Curran-Jones
FUNERAL HOME
West Springfield - Agawam

Drugs — Surgical Supports
Physicians' Supplies
HARRIS PHARMACY
Opposite Kimball Towers

orders for their own private patients; they can only advise. Along with this patient takeover go some legal implications as to who is responsible for the patient. To put it another way, should something go wrong, who gets sued? In other instances, there can be and indeed have been competition between the attending physicians and full-time staff for patients. In the name of teaching, the cost of hospital care has increased because of longer stays and overutilization of ancillary services. But more important, the patient has become confused as to who is taking care of him and to whom is he to listen.

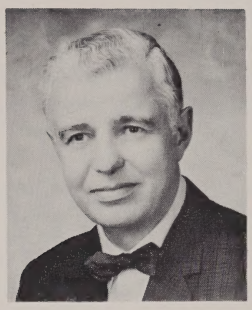
SOLUTION?

There are those who say that this conflict between "town and gown" is merely symptomatic of medicine going through an identity crisis. What we are seeing is a "transition from entrepreneur medicine to a system that is largely organized into a group structure and institutionally oriented." Whatever semantics we choose to engage in, we have two different systems – the medical education system and the traditional medical care delivery system – sparring for supremacy or at least delineation of specific domains. Will the educational system tide roll on to engulf the traditional system as more community hospitals become ensnared in medical school affiliations? Or will there be a wedding of the two with an entirely different type of progeny? The money seems to be behind the so-called educational system, and this is a bad omen for the rugged individualistic attending physician. Will he join the system or will he move further into the "boon-docks"? What about the patient? Now because of a variety of insurance programs, he is led to believe that he has a free choice of his very own physician in whom he can have faith and confidence, only to find that he has house officers, research fellows, full-time chiefs, etc. taking care of him along with incidentally or perhaps his own private physician.

O tempora! O mores!

Ayres

For people who think first
People who think first before banking, want a bank that thinks of them first. And that is our commitment to anyone who banks with us. We have pledged ourselves to deliver to our customers the ultimate in modern banking services . . . everything from checking accounts to checking on overseas investments.
FIRST BANK
A FULL SERVICE BANK
For people who think first



President's Page

TIME FOR DECISION

In the June, September and November 1971 issues of *The Hampden Hippocrat,* your officers and guests writers have placed before you for your consideration the definition, the need, and the urgency of developing a Foundation for Medical Care in this district. Mr. Louis Orsini, Director of the Health Council of the Health Insurance Association of America, Dr. Donald Raines, President of the Monroe Plan for Medical Care, Inc. (Rochester, New York) and Mr. William M. Cohan, Staff Associate of the American Medical Association addressed us, respectively at our February, October and December District Meetings. Each one of these distinguished speakers spoke eloquently in favor of establishing a Foundation for Medical Care. Your Ad Hoc Committee on Foundations has been researching the subject and plans to come up with the "blue print for a Medical Foundation", which you asked for in our October 5th District Meeting.

Elsewhere in this issue you will find Mr. William Cohan's talk to us on December 7th. For the sake of emphasis, I list some of the reasons for incorporating into a Foundation for Medical Care. These are:

1. The by-laws of most district and state medical societies do not permit us to enter into long range and continuous planning and negotiation with third parties relative to effective quality and cost control procedures.

2. With changing times and with the advent of third parties entering into the physician-patient relationship, the need for organized expressions of physicians is imperative.

3. A Foundation for Medical Care promotes the practice of better quality medicine.

4. It retains our cherished physician-patient relationship.

5. It provides for peer reviewers – by members of our own district society to review when necessary our work and our fees. This is much more palatable than "peer

Landen-True
SPRINGFIELD JEWELERS FOR OVER A CENTURY
1365 MAIN STREET BRIGHAM BUILDING

reviewers" on the payroll of different insurance carriers or the Department of Health, Education and Welfare reviewing our work.

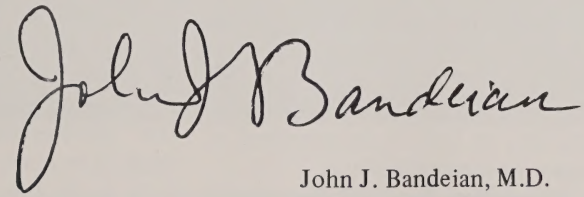
6. It provides us with a mechanism of charging fees for services rendered. In contrast to this, Blue Shield, Medicare and Medicaid underwriters dictate what fees we shall receive.

7. Unlike Blue Shield, physicians are not captive. If you reside in Massachusetts and you do not join Blue Shield, then neither you nor your patient, if he is a subscriber, will receive any benefit for your services. In a Foundation for Medical Care you are at liberty to join or not to join. Indeed, to be a member of the Foundation you have to apply annually, and pay a modest annual fee. You may resign at anytime. Again, unlike Blue Shield, the governing body of a Foundation consists predominantly, if not exclusively, of members of the district medical society.

8. Foundations for Medical Care have proven to be workable and feasible as well as fulfilling the demands of both physicians and patients since its inception in 1954 in San Joaquin, California.

9. There is a threat from the Federal Government that, if we don't come up with some sort of organization, the Government will act for us.

10. Last but not least, is the fact that by organizing into a Foundation for Medical Care, our patients, our neighbors, the politicians and the government officials in the Department of Health, Education and Welfare will respect us when they realize that we do care.



John J. Bandeian, M.D.

What! You still don't have an "umbrella" policy?

You should. As a doctor you are a member of a profession whose members are highly susceptible to high damage claims and resulting large jury awards.

A low cost "umbrella" policy can add $1,000,000 or more to the limits of your existing policies. It will also give you wider coverage on many personal injury and property damage hazards not covered by your Automobile, Homeowners, Personal Liability and Professional Liability policies.

Every well-to-do person should have this protection. For complete details call one of the specialists. The insurance specialists at FE & B.

FE&B FIELD, EDDY and BULKLEY, Inc. *Insurance*

Donald Hartford, Henry Hanmer, Kenneth Goddard, Robert Hussey, John Seyler

1200 Main Street, Springfield, Massachusetts Telephone 733-3131

FOUNDATIONS FOR MEDICAL CARE

by
WILLIAM M. COHAN
DIVISION OF MEDICAL PRACTICE, AMA

(Editor's Note: This paper was delivered at the HDMS meeting of December 7, 1971)

No single universally accepted definition of a foundation for medical care exists. Due to the differing approaches being utilized in various programs referred to as "foundations," general statements may be highly misleading indeed.

For discussion purposes, however, and in very broad terms, a foundation for medical care may be described as a corporation of doctors of medicine sponsored by a local county medical society, multi-county medical societies or a state medical association. It is separate from the sponsoring medical society in the sense that it has its own articles of incorporation, bylaws, and board of directors but, in fact, is an extension of the sponsoring medical society.

The foundation board of directors is nominated and elected by the board of directors of the medical society, thus assuring uniformity of purpose between the two organizations. Every physician who is a member of the sponsoring medical society or eligible for membership in the society may apply for membership in the foundation, and upon being accepted may participate in all programs and activities.

Recently a number of foundations' boards of directors have been expanded to include representation for other providers of health services and, in some instances, consumers. Also, in some foundations membership has been enlarged to include other providers of health services, such as dentists and pharmacists, under special classes of membership.

Still speaking in very broad terms, it is noted that despite the wide variance existing in the operational modes of various foundations, all seem to generally agree upon and work toward certain basic goals. First, that quality medical care be provided at an equitable cost to both patient and physician. The second goal is that peer review at a local level by practicing physician members of the foundation be utilized as the most efficient mechanism to insure quality care at a reasonable cost. And finally, that physicians continue in a leadership role in the administration and delivery of medical services.

It is in the methods used to reach these goals that the variances in foundations occur. While it is true that every foundation has some degree of operational difference, one from the other, it at the same time would seem that all foundations could be classified properly as falling into one of two main categories. For purposes of identification, these two main types of foundations

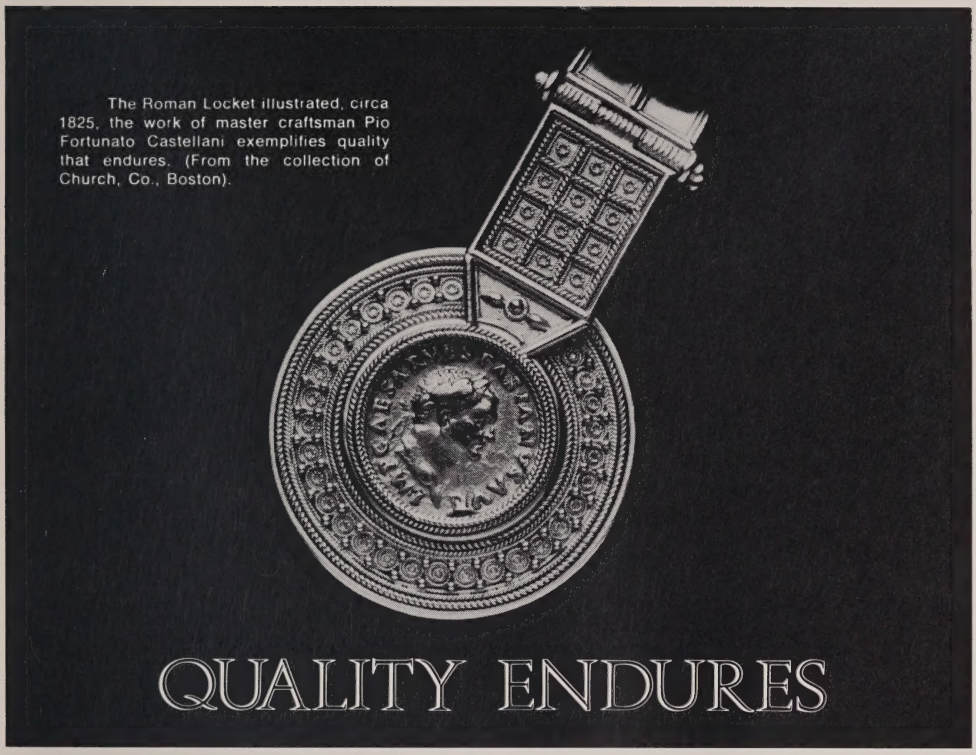
KING'S PHARMACY

Ethel K. King, Manager

117 Main Street
Chicopee Falls—592-1651

Traditional
New England Hospitality

YANKEE PEDLAR INN
Miss Bess Stathis, Innkeeper
Rt. 5 at 202 Holyoke, Mass.
Phone: 532-9494


The Roman Locket illustrated, circa 1825, the work of master craftsman Pio Fortunato Castellani exemplifies quality that endures. (From the collection of Church, Co., Boston).
QUALITY ENDURES

Professional Disability Accident and Health Insurance which utilizes the wholesale purchasing power of many Associations and Societies was pioneered by Lester L. Burdick, Inc.

This plan enables members to secure high quality protection at low group rates. More important, protection is assured to policy owners by a dedication to service which provides maximum benefits, discharges all obligations promptly and fairly, and guarantees stability and strength to plans that are tailored to meet the needs of the individual.

The enduring quality of this concept is exemplified by more than 600 professional and business societies that have chosen to have such plans administered by our company.

The enduring quality of personalized service administered by an efficient and understanding organization has enabled Lester L. Burdick, Inc. to help thousands of policy owners in times of emergency, and/or with long-range plans for personal security.

Quality is value that has withstood the test of time!

50 *years of service* *1922-1972*

LESTER L. BURDICK, INC.

Loyalty Group Insurance

20 CONGRESS ST., BOSTON, MASS. 02109 • (617) 742-2740

could well be referred to as the California approach and the Minneapolis-St. Paul approach.

CALIFORNIA APPROACH

Foundations for medical care were originally formed by a number of county medical societies in the State of California, as a vehicle through which the medical society could directly influence the form and quality of, as well as expenditures for, medical services being provided in their respective communities. At the time, in the early 1950's, private health insurance was beginning to have an impact on the delivery of health services and the foundation represented the mechanism for establishing a relationship between the physicians of the community on the one hand and the purchasers of health care and the insurance carriers on the other.

The foundation for medical care stood in the middle of the process – its function being to obtain agreements from physicians, carriers, and purchasers to abide by certain ground rules. Very simply stated, the member physicians of the foundation agreed to accept reimbursement not to exceed a specified level if the purchasers and carriers of health insurance would install benefit programs conforming to minimum standards of coverage established by the foundation. These minimum standards emphasized benefits for medical and outpatient services, in addition to the traditional hospital and surgical coverage, thus structuring the financing plan to more closely parallel the way medicine is practiced.

The evolution of this California approach to foundations for medical care into the form in which they exist today quickly followed these basic beginnings. They soon came to the conclusion that in order to fully exercise a responsibility for both the quality and cost of medical care, local involvement would need to be increased. They sought and obtained from the participating carriers the right to establish local health insurance claim processing functions under the direct auspices of the foundation. This was followed almost immediately by the initiation of an expanded peer review program which became an integral part of the claim processing function – determining the appropriateness of services on individual cases as well as analyzing patterns of both patient and physician utilization of health services.

While there have certainly been many refinements in the details of this California approach to foundations over the years, this approach continues to date to revolve around the same four major activities: (1) minimum standards of health insurance coverage, (2) reimbursement to physicians not to exceed a specified level, (3) local claim processing by foundation personnel, and (4) local peer review by foundation member physicians.

MINNEAPOLIS-ST. PAUL APPROACH

The other general approach to foundation operation is typified by the program existing in the Minneapolis-St. Paul metropolitan region which is sponsored by the seven medical societies of that area.

Local physician concern over the availability of quality medical care at a reasonable cost in their region was made very keen with the 1965 publication of a government study which documented the inadequacy of medical services in several sections of the Minneapolis-St. Paul area. This study was followed shortly by the advent of medicare and subsequent increases in medical care costs. Physician

Ratell Funeral Home
200 Main Street
Indian Orchard, Mass.

FOOTIT SURGICAL SUPPLIES
522 Sumner Ave.
Springfield, Mass. 01108

concern continued to mount, and the decision was reached to establish a foundation for medical care. In 1969 medical society officers reviewed thoroughly the California approach to foundations, including on site visits to several of the California foundations.

In late 1970 they incorporated a foundation program differing from the California approach in several basic respects.

An analysis made of existing health insurance protection revealed that a majority of the population already held coverage which would meet any standards the Corporation might currently propose. It was decided, therefore, not to hold out a set of minimum standards for health insurance policies as a prerequisite for sponsorship by the foundation. Instead, they are working with the local health insurance carriers in a cooperative effort to improve coverage in areas where that is desirable. It was the position of the foundation that this method would achieve broad participation by carriers in a short period of time.

It was also concluded by the Foundation that they would not process any claims, leaving that responsibility with the health insurance carriers. Their objective again was to permit quick implementation of the Foundation program, and also to avoid the gradual establishment of a new, and perhaps large clerical processing staff. They *do* require participating carriers to incorporate medical practice guidelines developed by the Foundation's physicians into the carriers routine claim processing function, in order to consistently screen out cases for review by the Foundation's physicians.

The full concept of usual, customary or reasonable fees is maintained in the Minneapolis-St. Paul program. Physician participation in the program does not contain a commitment to any fee level. Judgments on questionable fees are made through the peer review process. It is argued by the Foundation that published fee maximums would have an inflationary effect initially as physicians whose fees are below the published limit would tend to increase their charges.

To recap briefly, most all foundations for medical care are *alike* in that they are sponsored by a local county,

multi-county, or state medical society; have a board of directors that is nominated and elected by the medical society; and permit every physician who is a member of the sponsoring medical society or eligible for membership in that society to become a member of the foundation. They are also similar in that their basic purpose is to create a significant force directed by the medical profession to positively influence the quality and efficiency of medical care delivery through an expanded peer review process.

Foundations for medical care *differ* in the operational modes they employ to accomplish their purpose. In general terms, they may be thought of as taking one of two basic approaches – the California approach or the Minneapolis-St. Paul approach.

FOUNDATIONS AND GOVERNMENT

Many of the legislative proposals now before Congress have played a large role in foundations for medical care. A number of medical societies are considering the establishment of foundations in anticipation of the enactment of legislation permitting such corporations to engage in activities which the medical society itself could not or would prefer not to undertake directly. By mid-year, 1971, approximately 35 county foundations and 11 state-wide foundations had been incorporated and were in varying stages of becoming operational. Presently, it is known that at least an equal number of medical societies are investigating the foundation concept.

Some of the legislative proposals stimulating foundation growth relate to health maintenance organizations. Spokesmen for the California approach to foundations have indicated that they expect their organizations to be able to participate in an HMO program, but the details of how that would be accomplished are still lacking. The whole concept of HMO's is yet to be precisely defined and the role of foundations for medical care cannot be predicted. It is perhaps worthy of note that six medical society foundations have received a total of approximately $419,000 in grants from the Department of Health, Education and Welfare to plan or develop

MEDICAL EQUIPMENT UNLIMITED
DIVISION OF SPECTRO INDUSTRIES, INC.
Jenkintown Plaza, Suite 302, Jenkintown, Pa. 19046 (215) 885-3676

CONVALESCENT AIDS ORTHOPEDIC BRACING

Doctor:

If efficient, economical and courteous service is what you want for your patients, then you should refer your next patients that need convalescent aids and orthopedic bracing to one of the following M. E. U Agents.

DUNN PHARMACY, Holyoke
O'NEIL PHARMACY, Chicopee
TOWNE PHARMACY, Ludlow
BLANC PHARMACY, Springfield
PIOTTE PHARMACY, Chicopee
GALAS PHARMACY, Monson
DRUG SHOP, Westfield
BRECKWOOD PHARMACY, Springfield
HARRIS PHARMACY, Springfield
PHILLIPS PHARMACY, Ware
PROFESSIONAL BLDG. PHARMACY, Springfield
SILVER PHARMACY, Westfield
MONTCALM REXALL PHARMACY, I. O.
RUSSELL PHARMACY, Easthampton
BRANDLES PHARMACY, Northampton

health maintenance organizations.

Proposals for legislated programs designed to provide a structured peer review mechanism under government financed programs have also served to arouse interest in foundations. Like the HMO's, these legislated peer review proposals are still in the discussion stage within Congress and have not been finalized. There has been strong indication, however, that medical societies themselves might not be sought by the Government as the preferred entity to perform this review function, but that a separate organization sponsored by a local or state medical society could be assigned this responsibility. The American Medical Association, through its "peer review organization" proposal, has recommended that any peer review program which would involve agreements with a government agency should provide that such an agreement would be entered into with either a state medical society or any organization designated or established by a state medical society, thus permitting the society to choose the form in which it can best discharge a peer review responsibility.

It is apparent then, that a widespread interest in foundations exists. As a result of this interest, foundation spokesmen incorporated the American Association of Foundations for Medical Care in January, 1971, primarily to offer assistance to county and state medical societies that express interest in the foundation concept. And, at the invitation of the Board of Directors of that organization, the American Medical Association very recently appointed three representatives to sit on their Board.

It is recognized that the decision whether or not to implement a foundation program must be made at the state or local level only after thorough consideration of all facets of a foundation's operations and responsibilities.

We at the American Medical Association are most anxious to contribute in any way we can in assisting you in your deliberations.

THE NEXT MEETING of the SPRINGFIELD ACADEMY

will be held on
TUESDAY, FEBRUARY 8, 1972

SPEAKER: Ray W. Gifford, M.D.
Head, Department of Hypertension and Nephrology
Cleveland Clinic Foundation

TOPIC: "A Review of Advances in Diagnosis and Management of Hypertension"

PROGRAM:

Clinic	Wesson Memorial Hospital	5:00 P.M.
Cocktail Hour	Storrowton Tavern	6:30 P.M.
Dinner	Storrowton Tavern	7:00 P.M.
Lecture	Storrowton Tavern	8:00 P.M.

RESERVATIONS: Dinner reservations may be made by calling Mrs. Lund at 734-5445 before Friday, Feb. 4.

HDMS DECEMBER MEETING HIGHLIGHTS

L. to R.: Dr. Bernard Bloom, President of SAM; speaker, Mr. William M. Cohan of the AMA's Dept. of Insurance and Practice Management; and Dr. John J. Bandeian, President of HDMS.

The December meeting of the HDMS was held at the Valle's Steak House, Springfield, on December 7, 1971, in conjunction with the Springfield Academy of Medicine. In attendance were 152 physicians (23 attending without reservations); reservations: 156 (27 reneging on reservations).

The meeting was called to order by President John J. Bandeian at 6:15 P.M. with the first order of business being the minutes of the October 5, 1971, meeting, which were accepted as read.

Under old business Dr. Bandeian gave a report for the Ad Hoc Committee on Foundations. Progress is being made and neighboring district societies are expressing interest with an eye to possibly joining Hampden in the creation of a foundation. The advantages and merits of the foundation approach to the practicing physician were enumerated in the light of modern day socio-economic developments. The Committee is assiduously at work to develop an appropriate operational program.

An announcement was made informing the membership that the AMA was going to put on a "Speakers and

VISIT THE NEW

Casa Romano

AT SCHINE INN

the aristocrat of Italian Foods

EXIT 6 — MASS. TURNPIKE
CHICOPEE, MASS.

THE INSTRUMENT OF THE IMMORTALS

A Steinway In Your Home

The piano great pianists choose is the best one for your home. Its glowing tone and sensitive response to playing are an inspiration and joy for a lifetime. This is the wisest piano investment, retaining its value over many years.

"Over 100 Years A Steinway Dealer" . . .

M·Steinert & Sons

10 Stearns Sq. — Springfield, Mass.
Tel.: 734-7381

Leadership Training Program" on March 18-19, 1972, at the Tobacco Valley Inn in Windsor Locks, Conn., for both the HDMS and the Hartford County Medical Association. The program will feature theory and drill in audience analysis, speech organization, speech deliverance, the handling of audience or interviewer questions, chairing meetings, etc. Those interested in taking advantage of this free of charge seminar are urged to contact Mrs. Purdy at Headquarters immediately for only 15 places are available to the HDMS.

Dr. Paul T. Moore, Treasurer, warned that the Society's coffers are being rapidly depleted. Should this trend continue, an additional dues assessment or charges for meeting meals, or both, might become necessary before the end of the fiscal year.

Under new business, it was brought up that local representatives of Aetna and Travelers insurance companies have been claiming that a conversion factor of $25 has been set for fees under the Mass. Relative Value Study. Correspondence with Dr. Gephart, MMS Secretary, confirmed that no such conversion factor has been officially adopted and that the Mass. Health Insurance Council would make this clear to local insurance carrier representatives.

After sixteen new members to HDMS were introduced, the meeting was recessed from 7:05 P.M. to 8:35 P.M. for a social hour and collation. Upon resumption of the meeting, Dr. Bandeian introduced Mr. William M. Cohan from the AMA's Division of Medical Practice, and the latter made a presentation on "Foundations for Medical Care" (see pages 8-13).

After a brief question and answer period, the meeting was adjourned at 9:15 P.M.

Ayres

MARK YOUR CALENDAR NOW!

HDMS Meeting, February 1
HDMS Executive Committee Meetings, February 15 and March 21
MMS Council Meeting, February 9
MMS Annual Meeting, May 30, 31, and June 1
American Academy of Allergy, San Francisco, February 5-9
American Society of Clinical Pathologists and College of American Pathologists (Joint Interim Meeting) Atlanta, February 4-12
American Group Psychotherapy Association, New York, February 8-12
AMA Annual Meeting, San Francisco, June 18-22

ESTABLISHED IN THE YEAR 1881
Dickinson-Streeter Funeral Service
305 STATE ST., SPRINGFIELD, MASS.
RICHARD C. STREETER G. WALLACE STREETER
EARLE C. BRADLEY ALFRED J. GAY

VERNON Surgical SHOP
MAKER OF SURGICAL APPLIANCES
ALSO SURGICAL SUPPLIES.
100 Boston Rd. Spfld., Mass. 01109
Tel. (413) 737-1242

HDMS
SCHOLARSHIP AWARDS

The Hampden District Medical Society, through its Scholarship Committee, recently announced scholarship grants to seven young students from this area who are beginning or continuing their education in the professions of medicine.

This scholarship fund was established with the money contributed by the people of the Hampden District area at the time of the polio immunization program carried out by the Society working with the Massachusetts Department of Public Health. Scholarship grant selections have been made each year on the basis, primarily, of financial need, and the awards have gone to students who are accepted or enrolled in schools of pharmacy, nursing, or medicine in any part of the United States. This year the scholarships were granted to the following:

Robert J. Cavanaugh, 15 Florida St., Springfield, Mass., Graduate of American International College, Springfield, Mass. Now attending Creighton University School of Medicine, Omaha, Nebraska. (Senior)

Joseph R. McClellan, 41 Marquette St., Springfield, Mass. Graduate of Providence College, Providence, R.I. Now attending Georgetown University School of Medicine, Washington, D.C. (Junior)

Dominic J. Nardi, 281 East St., Springfield, Mass. Graduate of Dartmouth College, Hanover, N.H. and now attending Johns Hopkins School of Medicine in Baltimore, Maryland. (Sophomore)

Michael A. Swistak, 99 South St., Chicopee, Mass. Graduate of Dartmouth College, Hanover, N.H. and now attending Tuft University School of Medicine, Boston, Mass. (Freshman)

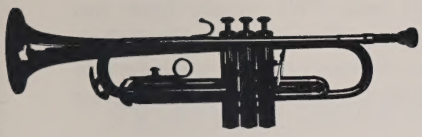
Jamie R. Smolen, 198 Stevens St., Ludlow, Mass. Graduate of Saint Anselms College, Manchester, New Hampshire. Now attending Georgetown University School of Medicine, Washington, D.C. (Freshman)

Gail Ann Snow, 737 River Rd., Agawam, Mass. Graduate of American International College, now attending University of Padova, Faculty of Medicine and Surgery, Padova, Italy. (Freshman)

Marie Louise Landry, 61 Dartmouth St., Springfield, Mass. Graduate of University of Massachusetts, Amherst, Mass. Now attending Georgetown University School of Medicine, Washington, D.C. (Freshman)

FOR SCHOOL VACATION TRIPS CALL
PENN TRAVEL AGENCY
70 Chestnut Street Stonehaven Motor Inn
Free Parking — 781-6390 Or 734-8419

HAFEY FUNERAL SERVICE
494 BELMONT AVENUE — SPRINGFIELD, MASS.



25th AMA CLINICAL CONVENTION

NEW ORLEANS, LOUISIANA
NOVEMBER 28 - DECEMBER 1, 1971

(Editor's Note – The following are highlights of actions of the AMA's House of Delegates meeting as issued from the office of the AMA's Executive Vice President.)

Actions which were not only significant, but historical, were taken by the House of Delegates at the Clinical Convention. They included creation of a special section for medical students, and one for interns and residents; ordering open hearings at the two 1972 conventions to explore questions relating to AMA organizational structure and programs, questions raised by AMA President Wesley W. Hall last June in Atlantic City and again in New Orleans; approving a vote on the Board of Trustees for the AMA vice president; approving participation of non-members of the AMA in AMA scientific programs, and directing that the AMA lead in developing a national program for certification of the assistant to the primary care physician.

The House met for a total of 9 hours and 42 minutes. It acted on two special reports; 20 reports from the Board of Trustees; 8 from the Council on Medical Education; 4 from the Council on Medical Service; 2 from the Council on Constitution and Bylaws, and 1 each from the Judicial Council and Council on Long-Range Planning and Development, plus 72 resolutions.

If one prevailing mood of the House had to be described, it would appear to be one of wanting to move forward, and at the swiftest possible pace.

MEDICAL STUDENTS

No less than five items of business – Report I of the Board of Trustees and four resolutions – concerned this subject, reflecting the intensity of interest. These items were studied by a reference committee and a substitute resolution was offered in lieu of all of them – referring the matter to the Board for study of mechanisms to include students in the organizational structure.

But the House rejected the move. It adopted instead an amended resolution on motion of the California delegation. This measure approved "creation of a special section for medical students and a section for interns and residents." It directed that the Council on Constitution and Bylaws "develop appropriate language to accomplish this purpose," working with representatives of the

Spring Street Drug, Inc.

121 Spring Street - Springfield, Mass.
736-0351
Good Service Always

MALL DRUGS

4 Convenient Locations

1511 MAIN ST., SPRINGFIELD
785-1528

EASTFIELD MALL, SPRINGFIELD
543-3963

ALLEN AND COOLEY STREETS
Grant Plaza, Springfield
783-0531

ROUTE 5, GRANT PLAZA, HOLYOKE
534-3364

Student American Medical Association and representatives of the interns and residents. The long-heard appeal of students and younger physicians for a voting voice in the AMA was thus answered.

PRESIDENT'S ADDRESS

AMA President Wesley W. Hall, saying, "our House of Medicine is sorely in need of some major repairs," repeated his call for a Constitutional Convention, or other appropriate procedure, for a basic review of organizational structure and programs. He first suggested such a convention upon his inauguration last June.

Dr. Hall said that since that time he had traveled throughout the nation and heard from physicians "hundreds of unsolicited views on medicine in general, on problems they are encountering in their practice and on our stewardship of the AMA."

"Frankly, I am troubled and disturbed by what I see and hear," Dr. Hall told the House, "and I am more convinced than ever that we need a basic review of our Association's organizational structure."

He did not envision "a study that will continue over a period of years and years and become bogged down in trying to anticipate problems and programs of the distant future. We all recognize the need for long-range planning, but my concern calls for more immediate action."

Dr. Hall said he was disturbed by a number of things, including losses in membership, association finances and a decrease in attendance at annual and clinical meetings.

He also said, "We simply have too many programs. Some have outlived their usefulness. Others are of considerable value in these times. Still others should be pruned."

He called for employment of the consulting firm of Cresap, McCormick & Paget, which did a study for the AMA in 1968, to do another survey on AMA operations.

The President also called for closer liaison with specialty societies; suggested the AMA should sponsor only national and international congresses on general subjects, rather than its traditional meetings, and said it may be time to consider reorganizing the association as a "for profit" corporation or service corporation.

ORGANIZATIONAL REVIEW

Dr. Hall's address and Resolution 50 which also called for organizational review, were studied and discussed in reference committee. The committee also studied two reports dealing with the question of a Constitutional Convention, from the Councils on Constitution and Bylaws, and Long Range Planning and Development, both of which recommended against holding a Constitutional Convention.

The reference committee "reapprised itself of the 1968 management report" of Cresap, McCormick and Paget. Upon completion of Phase I of that study, "the Board of Trustees, of which Dr. Hall was a member, terminated the study and the action was approved by the House of Delegates in December, 1968. Your

Romantique Bar Americain
Petit Restaurant Francais
PICOT'S PLACE
548 Main Street
Hampden Mass.
Tel. 566-3034

POMEROY-WILLIAMS CO.
120 MAPLE STREET, SPRINGFIELD
PHONE 733-3217
ALL SURGICAL APPLIANCES
BELTS CORSETS
BRACES STOCKINGS

℞ only: for better therapeutic control

in
febrile
disease
Berocca® tablets
is therapy
With balanced, high
potency B-complex
and C vitamins.
No odor.
Virtually no aftertaste.
Indications: Nutritional supplementation in conditions in which water-soluble vitamins are required prophylactically or therapeutically.
Warning: Not intended for treatment of pernicious anemia or other primary or secondary anemias. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with pernicious anemia who receive more than 0.1 mg of folic acid per day and who are inadequately treated with vitamin B12.
Dosage: 1 or 2 tablets daily, as indicated by clinical need.
Available: In bottles of 100.
Each Berocca Tablet contains:
Thiamine mononitrate..... 15 mg
Riboflavin..... 15 mg
Pyridoxine HCl..... 5 mg
Niacinamide..... 100 mg
Calcium pantothenate..... 20 mg
Cyanocobalamin..... 5 mcg
Folic acid..... 0.5 mg
Ascorbic acid..... 500 mg
ROCHE
ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

reference committee concurs in this decision."

There is continuous review and evaluation of AMA structure and programs, the committee said.

"Changes in the Constitution and Bylaws at every meeting bear this out. Recent changes in membership provisions with respect to interns and residents, as well as current changes in the status of medical students and voting powers of the vice president are prime examples."

The committee said the Council on Long Range Planning and Development was an appropriate mechanism for reviewing structure and programs, and to serve as a focal point for planning activities.

The panel said it believed the Board of Trustees was "vigorously pursuing" the problem with membership and that the President's concern about AMA involvement in scientific matters "will be alleviated by recent changes in the Constitution and Bylaws establishing Section Councils which will become operative in 1972."

Many of the problems faced by medicine come from social unrest and are common to all society, the committee said. It said Dr. Hall, "in his tireless efforts in appearances throughout the country, has seen this unrest and is to be commended for bringing this to the attention of the House of Delegates."

The House accepted the committee's recommendation to refer Dr. Hall's remarks and Resolution 50 to the Council on Long Range Planning and Development. But it also called for specific procedures to be instituted by the Council.

This came in an amendment from the Wisconsin delegation, whose spokesman said it came to the convention "with a mandate to seek a constitutional convention or some type of meeting to effect organizational changes." The amendment instructed the Council to hold open hearings for the membership in San Francisco in June, 1972, and in Cincinnati in November, 1972, and provide the House with progress reports and a summary report on its recommendations and findings in June, 1973, in New York.

VICE PRESIDENT

There was overwhelming support for Resolution 55, to give the Vice President of the AMA voting privileges on the Board of Trustees, and the measure was quickly adopted by the House. Presently, the Vice President attends Board meetings, with the right of discussion but no vote. The action would increase the size of the Board from 15 to 16 members. Although the House vote had the effect

Highpoint Motor Inn

Restaurant - Lounge
Dining Room
90 Modern Units
Olympic Pool - Health Clubs
Areas' Largest Facilities
For All Types of Functions
Seating 1500
at Exit 5, Mass. Pike & Rt. 33
450 Memorial Dr., Chicopee, Mass.

Hickey-Freeman
CUSTOMIZED®
A. O. WHITE
SPRINGFIELD, MASS.
EXCLUSIVE IN SPRINGFIELD
1500 Main St. at Baystate West
Free Parking

of amending the Bylaws, a Constitutional change is necessary, and the matter was referred to the Council on Constitution and Bylaws. Even as discussion continued before the House, the Council came up with the necessary proposed amendments, clearing the way for final action in the annual meeting in June, 1972.

NON-MEMBER PARTICIPATION

The House amended the Bylaws to permit those physicians who are not members of the AMA to participate in AMA scientific programs as "invited guests." The recommendation came from the Board of Trustees, which said the programs should be available to all members of the profession. The Board report said "non-member physicians, eminent persons from foreign countries, and residents of the United States who are not engaged in the practice of medicine" may be invited to participate.

DUES FOR INTERNS AND RESIDENTS

The House established annual dues of $20 for interns and residents as members of the AMA. The amount was calculated "solely to cover some of the costs of the benefits of membership," such as receiving AMA publications. Interns and residents currently may join the AMA in two ways: Through active membership in a state association or, where there are no provisions for such membership, by direct application to the AMA. In either case, they must pay the $20 AMA dues.

PHYSICIANS' ASSISTANTS

Several major actions were taken in regard to the rapidly developing field of physicians' assistants.

The House directed that the AMA, through its Council on Health Manpower, "assume a leadership role in developing and sponsoring a national program for certification of the assistant to the primary care physician, who functions at the highest level of responsibility described by the National Academy of Sciences as a 'Type A' assistant."

Delegates also adopted a report of the Council on Medical Education, outlining essential requirements for AMA approval of educational programs for such assistants. The essentials were developed in collaboration with the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians and the American Society of Internal Medicine.

Essentials of an approved educational program for urologic physicians' assistants, outlined in another Council report, went back to the Council for further study.

The House directed the Board of Trustees to develop guidelines on compensation of physicians for the

Call Us First!

FIRST FEDERAL SAVINGS

★ 1243 Main St.

★ 560 Sumner Ave.

Assets over One Quarter Billion Dollars

For Information or Reservations for your Business or Pleasure trip contact:

WEIDNER TRAVEL BUREAU, Inc.

83 STATE STREET
SPRINGFIELD, MASS.

Telephone 781-0550

services of their assistants, and to report back to the House next June.

HOSPITAL COSTS-EDUCATION FACTORS

The rising costs of hospital care, and those cost factors attributable to hospital-based education programs, also drew House attention and action. Delegates adopted a resolution which reiterated AMA concern about increasing costs and pledged AMA efforts to achieve cost control, and added:

"Resolved, that the Board of Trustees be urged to assign to appropriate councils and committees the responsibility to conduct a detailed study of the costs of hospital services to identify (1) the multiple factors involved; (2) the elements that have the greatest impact on the rise in hospital costs; (3) the various cost factors attributable to hospital-based medical and allied health education programs; (4) the alternative mechanisms to finance the costs of such educational programs including the possibility of reducing or eliminating charges to patients that are attributable to such programs; (5) the degree of impact, if any, that federally funded health programs have on these hospital costs."

The resolution called for the study to be conducted in consultation with the American Hospital Association, private and governmental payment agencies, and representatives of the public. Periodic progress reports, to be submitted at each session of the House of Delegates until completion of the study, also were requested.

MISCELLANEOUS

Immediate action to improve the quality of emergency medical services in the United States was urged in a Board of Trustees report adopted by the House. The report said:

"Those medical societies that have not already done so are urged to establish councils on emergency medical services or to assign that subject area to an appropriate existing council, whose responsibility should include developing action-programs in emergency medical services to meet their area's needs and maintaining liaison with groups at all levels of organized medicine concerned with emergency medical services."

Small communities without necessary resources to develop their own systems "should consider linking together with surrounding communities to form a regional system." Skilled personnel and high quality equipment and facilities should be provided, the report said, and the medical profession should see to it that quality of service is periodically evaluated. The report also recommended a single agency at the federal level with responsibility for all governmental efforts to improve emergency medical services.

Henderson's

Funeral Home

STORROWTON TAVERN

On the Village Green
Eastern States Exposition Park
West Springfield, Massachusetts
Bill Kavanagh, Innkeeper

An original colonial inn serving the finest early American food and drink plus continental specialties * An incomparable setting for weddings, banquets and parties * Open year round. Phone: 732-4188

CENTRAL TRAVEL BUREAU

222 Worthington St. Springfield

781-1680

CERTIFIED TRAVEL COUNSELOR

NEXT MEETING
of the
HAMPDEN DISTRICT MEDICAL SOCIETY

TIME:	Tuesday, February 1, 1972 Business Meeting at 6:00 P.M., followed by Social Hour at 7:00 P.M., and *Dinner (Courtesy of the Society) at 7:30 P.M.
PLACE:	Storrowton Tavern Stagecoach Barn
SPEAKER:	Wesley W. Hall, M.D. President American Medical Association

YOUR PRESENCE IS URGENTLY REQUESTED

Setrag A. Zacarian, M.D.

Setrag A. Zacarian, M.D., Secretary, HDMS

* If you must cancel your dinner reservation, please call the office before noon on February 1, 1972.

Ernest A. Byron, Jr.

* * * * * *

SPRINGFIELD

A revised statement on the scope, objectives and functions of occupational health programs also was adopted by the House. The statement, among other things, said "some employees on occasion may find it impossible to locate or to obtain the services of a personal physician or health service. In such circumstances, limited to where treatment is otherwise unavailable, the occupational physician may undertake additional and continuing treatment of an employee's nonoccupational condition if requested to do so by the employee or his family."

Physicians should be active, the report recommended, in a number of areas including: participating in planning and operation of community health programs; using all means at their disposal to ensure that all people are afforded equal access to adequate medical and health care; supporting campaigns against factors harmful to health such as lead poisoning, drug abuse and poor housing; and supporting health education programs in schools, homes and the mass media. The federal government should be urged to consolidate all federal health programs under one department and to provide long-range approval and multiple-year funding – rather than annual funding – to help retain top staff, the report said.

In Memoriam

PARKER C. CARSON, M.D.

1908 - 1971

Dr. Parker C. Carson of 115 Overbrook Rd., Longmeadow, died at the Mass. General Hospital, Boston, on December 16, 1971.

Born in Barstow, Texas, on August 22, 1908, Dr. Carson attended Rice University and the University of Texas and was granted his doctorate in medicine by the Baylor University School of Medicine in 1935. He received his postgraduate training in orthopedics at the Parkland Hospital in Dallas, Texas, the Scottish Rite Hospital for Children in Dallas, the Shriners' Hospital in Springfield, and the Mass. General Hospital in Boston. In 1941 he entered the U.S. Navy Medical Corp and served therein until 1946, when he returned to Springfield to engage in the private practice of orthopedics. In recent years, Dr. Carson had been serving as the Medical Director of Rehabilitation at The Springfield Hospital Medical Center.

Dr. Carson served on the medical staff of The Springfield Hospital Medical Center for many years being at one time Chief of Orthopedics and President thereof. He was certified by the American Board of Orthopedics and was a fellow of the American College of Surgeons; moreover, he was a member of the Academy of Orthopedic Surgeons, the AMA, the MMS, and the HDMS.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

McCARTHY-MADAMAS
FUNERAL HOME
625 State Street - Springfield, Mass.
Tel: 734-3803

Luncheons — Dinners — Cocktails
WILLOW GLEN HOUSE
East Longmeadow, Mass.
232 No. Main St. — Tel. 525-2167

HIGHLIGHTS OF THE DECEMBER EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday evening, December 21, 1971 at 8:00 P.M. in the Conference Room of the Society's headquarters.

Present were Drs. Bandeian, Moore, Zacarian, Burke, LaMarche, Turner, McHugh, Cummings and Mrs. Purdy.

Absent were Drs. Verrilli, Sheehan, Fisher, Goldberg and Gilchriest.

Present to speak on behalf of the Belchertown State School were Dr. Nagle and Dr. Kasparian. They asked for help from physician members and especially specialists to help care for patients. The Committee promised that an announcement of this need will be printed in the next *Newsletter* going to the membership. They thanked the Executive Committee for their time and departed.

The minutes of the November Executive Committee meeting were read by Dr. Zacarian and approved as read.

CORRESPONDENCE

A letter of resignation from Dr. Howard N. Simpson, as chairman of the Ad Hoc Committee on Foundations for Medical Care was read. This resignation was received by the Committee with regrets.

A letter from a surgeon member was read complaining that the Public Welfare Dept. since July or August has rejected payment for the assistant surgeons with the following notation: "bill the surgeon direct for the assistant's fee." The Committee discussed this and decided to refer it to the MMS Committee on Tax Supported Medical Care.

OLD BUSINESS

An answer pertaining to emergency care problems in the area from Mercy Hospital was read. The Disaster Medical Care Committee is studying this problem with another meeting being scheduled in January.

Two letters from Dr. Gephart were read concerning the conversion factor for

Norman's Pharmacy
124 ISLAND POND ROAD
SPRINGFIELD, MASS.
"Yes, We Deliver" — 736-3623
"As Near As Your Phone"

W. F. YOUNG, INC.
MANUFACTURERS OF
Absorbine Jr.
ABSORBINE
ARTHRITIC PAIN LOTION

52nd *ANNIVERSARY YEAR*
TOROS OMARTIAN & SON, INC.
We Buy and Sell
ORIENTAL RUGS
Tel. 736-1531
390 Bridge Street
Opp. the Kimball Towers

the MMS Relative Value Study as discussed at the November meeting. Dr. Gephart assured in both letters that the Medical Charges Review Committee has not released any conversion factor. A letter to Dr. Bandeian from Mr. Farrell of the Health Insurance Council assured that he would inform the Springfield offices of both Aetna and Travelers Insurance Companies that this was true. A letter in answer to Dr. Hirschhorn's letter from Connecticut General Insurance Company was also read stating that they have not discussed the use of "reasonable and customary fees" as sent to patients on their bills. Two samples of such bills were sent into the Society's headquarters by a physician. The Committee voted to send copies with accompanying letters to Aetna, Travelers and Connecticut General Insurance Companies as well as to Dr. Gephart.

Copies of the "Guidelines" for the regular Peer Review Committee had been sent out previously to the Committee for study. A motion was made to accept the "Guidelines" as written, and these will be referred back to Committee. The Executive Committee agreed unanimously.

Dr. Bandeian reported on the Symposium on Foundations for Medical Care held in Boston recently as sponsored by the Bay State Health Care Foundation, Inc. Dr. Kenneth A. Platt, President of Colorado State Medical Society, Dr. Richard A. Anonsen, President of the Foundation for Health Care from Minneapolis, Minnesota, and Senator Thomas J. McIntyre, Democratic Senator from New Hampshire spoke at the symposium. Dr. Bandeian felt that this was a very worthwhile program.

Dr. Bandeian announced that meetings of the Ad Hoc Committee on Foundations for Medical Care will be held on January 4, 1972 with Mr. Louis Orsini of the Health Insurance Council and on January 17, 1972 with Mr. Zivot, Vice President of American Health Systems, Inc. and at some future date with Dr. Joseph F. Piffat of the HEW from Boston.

Dr. Zacarian announced that the Musicale was to be postponed from January to either late February or early March.

NEW BUSINESS

Upon the request of the membership at the October District Meeting that a quorum of 25 instead of 50 be considered, the By-law Committee sent a report. The Committee felt that because the count of membership is well over 500 that to reduce the number of the quorum would be a mistake at this time. The Committee discussed this and voted unanimously to keep the present quorum of 50.

Dr. LaMarche presented the proposed travel plan by INTRAV to Japan and Hong Kong to be sponsored by HDMS. It was voted by the Committee that Mr. Threlkeld from INTRAV be invited to attend the January meeting to present his plan.

The meeting adjourned at 9:33 P.M.

The Grievance Committee met and heard three cases.

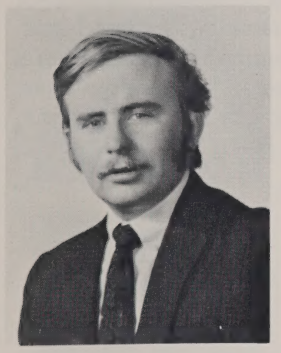
The meeting was adjourned at 10:00 P.M.

Laundry Service for the Home or the Office
"use our line"
DALE BROS
Laundries and Dry Cleaning
472 Union St., Springfield — 736-5491

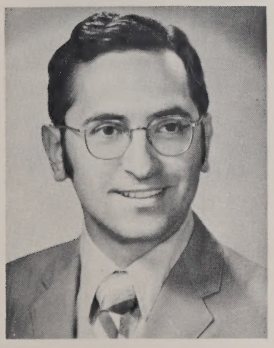
Edward F. O'Donnell
FUNERAL HOME
Springfield

Distinctive Dining at Springfield's
STUDENT PRINCE
and
FORT RESTAURANT
6 Fort St.—788-6628—Springfield

WELCOME NEW MEMBERS



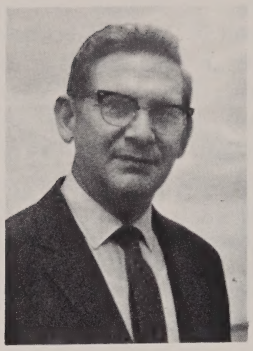
Joseph Thomas Bagamary, M.D. – 90 Court St., Westfield, Mass.; Born: Oct. 18, 1944; Medical School: New Jersey College of Medicine, 1970; Internship: Beth Israel-Affiliate of New New Jersey College of Medicine and Dentistry, 1970-1971; Specialty: Family medicine.



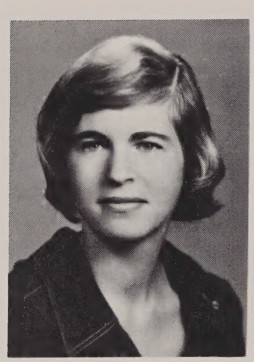
Robert Michael Berger, M.D. – 780 Chestnut St., Springfield, Mass.; Born: April 2, 1943; Medical School: New York University School of Medicine, 1967; Internship: Kings County Hospital, Brooklyn, N.N.Y., 1967-1968; Residency: Barns Hospital, Washington University School of Medicine, 1968-1971; Specialty: Ophthalmology.

Newton Doran Bowdan, M.D. – Springfield Hospital Medical Center, 759 Chestnut St., Springfield, Mass.; Born: May 26, 1933; Medical School: Baylor University College of Medicine, 1960; Internship: George Washington University Hospital, Washington, D.C., 1960; Residency: State University of New York at Buffalo, Buffalo, N.Y., 1964-1966, St. Elizabeth's Hospital, Washington, D.C., 1966-1967, DeLa Pole Hospital, Willerby, England, 1967-1968; Specialty: Psychiatry.

house of uniforms
PROFESSIONAL UNIFORMS FOR DOCTORS — DENTISTS — NURSES
HOLLYWOOD UNIFORM CENTER
118 (Lower) STATE STREET Tel. 734-4364



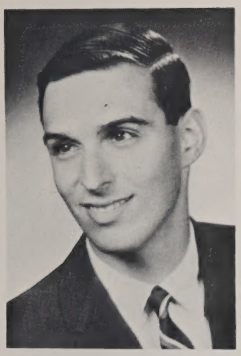
Lawrence Sidney Coleman, M.D. – Wesson Memorial Hospital, 140 High Street, Springfield, Mass.; Born: July 14, 1922; Medical School: Tufts University School of Medicine, 1947; Internship: City Hospital, Welfare Island, N.Y. City, 1947-1948, Wilson Memorial Hospital, Johnson City, N.Y., 1948-1949; Residency: Internal Medicine, Wilson Memorial Hospital, Johnson City, N.Y., 1949-1951, Internal Medicine, V.A. Hospital, Bath, N.Y., 1951-1952; Specialty: Internal Medicine.



E. Deborah Gilman, M.D. – 91 School St., Springfield, Mass.; Born: October 18, 1940; Medical School: Tufts University School of Medicine, 1964; Internship: Mt. Auburn Hospital, Cambridge, Mass., 1964-1965; Residency: Yale Medical Center, 1966-1968, Georgetown University, 1969-1971; Specialty: Psychiatry.

Michael Gilman, M.D. – 91 School St., Springfield, Mass.; Born: August 5, 1938; Medical School: Tufts University School of Medicine, 1964; Internship: Beth Israel, Boston, Mass., 1964; Residency: Yale Medical Center, 1965-1968, University of Washington, Seattle, Wash., 1969; Specialty: Ophthalmology.

CARROLL TRAVEL BUREAU, INC.
JOHNSON'S BOOKSTORE BUILDING
1383 Main Street, Springfield, Mass. 739-7391
A Complete Experienced Travel Service



Howard Everett Gold, M.D. – 1767 Northampton St., Holyoke, Mass.; Born: March 5, 1941; Medical School: New York University School of Medicine, 1966; Internship: University Hospitals of Cleveland, 1966-1967; Residency: University Hospitals of Cleveland, 1967-1968, Mass. General Hospital, Boston, 1968-1969; Specialty: Pediatrics.

Marilyn Lampert Levine, M.D. – Infirmary, Mt. Holyoke College, South Hadley, Mass.; Born: July 4, 1942; Medical School: State University of New York, Downstate Medical Center, 1967; Internship: King's County Hospital, Brooklyn, N.Y., 1967-1968; Residency: Montefiore Hospital, N.Y., 1968-1971; Specialty: Hematology.

(To be continued next month.)

A NEW SERVICE

Western Massachusetts Hospital has opened a 39-bed wing for physical medicine and rehabilitation service.

Any patient with a disease or accident resulting in a physical disability requiring inhospital rehabilitation services will be eligible for admission. Such conditions might include, but not be limited to:

1. Cerebral vascular disease;
2. Cerebral palsy;
3. Muscular dystrophy;
4. Spinal cord injury and disease;
5. Chronic pulmonary disease;
6. Arthritis;
7. Fractures with residual disability;
8. Any other disease in which there is physical disability requiring inhospital rehabilitation.

Patients will be admitted to the Rehabilitation Service upon referral of a physician. Referrals by physicians may be made directly to the admitting physician, Department of Physical Medicine and Rehabilitation for approval or, if not available, to the Director of Nurses, or the Nursing Service Supervisor on duty for referral to the admitting physician.

A summary history and all physical findings, including x-ray and laboratory reports in the case shall precede the admission of all patients.

Outpatient follow-up of discharged inpatients will be available.

Admissions of accepted cases as far as possible shall be accomplished between the hours of 8:00 A.M. and 3:30 P.M., Monday through Friday. Scheduled admissions may report to the hospital at other times if this is in the best interest of the patient and approved by the admitting physician. Prior to 3:30 daily, the Nursing Service Supervisor shall be informed of all anticipated late admissions.

LIST OF ADVERTISERS

Below is a list of our advertisers for 1971. In your contacts please tell these people how much we appreciate their support.

Belmont Laundry
Lester L. Burdick, Inc.
Byron's Funeral Home, Inc.
Carroll Travel Bureau
Central Travel Bureau
Corliss Adjustment Bureau, Inc.
Curran-Jones, Inc., Funeral Home
Dale Bros. Laundry
Dickinson-Streeter Co., Funeral Home
Dunlop Florist
East Longmeadow Nursing Home, Inc.
Field, Eddy & Bulkley
First Bank
First Federal Savings & Loan Assoc.
Footit Surgical Supplies
Gold Cross Ambulance & Oxygen Service
Hafey's Funeral Service
Hampden Savings Bank
Harrell's Funeral Home
Harris Pharmacy
Henderson Funeral Home
Henderson Shoes
Highpoint Motor Inn
Hoffman-La Roche
Hollywood Uniform Center
King's Drug Store
Landen-True, Jewelers
Lilly, Eli and Co.
Log Cabin Restaurant
Mall Drugs
McCarthy-Madamas Funeral Home
Medical Equipment Unlimited
Merit Pharmacal Co.
Norman's Pharmacy
O'Donnell, Edward F. Funeral Home, Inc.
Old Storrowton Tavern
Omartian, Toros & Son, Inc.
Penn Travel Agency
Picot's Place
Pomeroy-Williams Co.
Ratell Funeral Home
Roche Clinical Laboratories
Sampson, T. P. Co.
Schine Inn
Smith, Kline & French Laboratories
Spring St. Drug
M. Steinert & Sons
Student Prince Restaurant
Thompson Laboratories
Valley Bank
Vernon Surgical Shop
Weidner Travel Bureau, Inc.
A. O. White
Willow Glen House
W. F. Young, Inc.
Yankee Pedlar

Dine in
Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

THE **LOG CABIN**

Easthampton Road, Route 141
HOLYOKE
536-7700

Henderson Shoes

℞ Prescription Footwear
is our Business!
Put Your Patients In Our Shoes

— WE CARRY —

1. Thomas Heels
2. Straight Last
3. Out Flare Shoes
4. Tarso Shoes
5. Depth Inlay Shoes
6. Denis Browne Splints

SUBURBAN ENFIELD MALL
EXIT 190 EAST OFF RT. 91
Open Daily 10 a.m. - 9 p.m. — Sat. til 6
(203) 745-9998

EAST LONGMEADOW NURSING HOME

Ultra modern, resortlike, convalescent and nursing home overlooking Franconia Golf Course.

Fine large staff of Registered Nurses — several times latest state requirements — RN supervision 24 hours a day.

Spacious living room, dining room, country grounds.

what?

You still don't have a regular savings account that earns

DAILY INTEREST
COMPOUNDED DAILY
COMPOUNDED DAILY
COMPOUNDED DAILY
COMPOUNDED DAILY

REGULAR SAVINGS ACCOUNTS

SIMPLE ANNUAL RATE	COMPOUNDED ANNUAL RATE
5.25%	5.39%

HAMPDEN SAVINGS BANK

19 Harrison Avenue • Springfield, Mass. 01101

SAVE YOUR HEART WITH
STAIR-GLIDE

INSTALLED IN TWO HOURS . . . WITHOUT A MARK OR SCRATCH ON HOME!

(Completely Tax Deductible As Medical Expense)

STAIR-GLIDE is shipped manufactured to the exact measurements of your individual stairway, ready to install even to the extension cord to plug into any handy household electrical outlet as you would a radio. Carpets and rugs are left right in place.

Installation is made in 3 easy steps: (1) The high-strength Aluminum Alloy Track (only 12" wide) is placed on the steps right against the baseboard so the stairs are left free for all normal use (2) The silent Nylon Roller Wheels on the Chair are inserted inside the Track channels (3) The "Header" to which the Chair is attached with a powerful Steel Airplane Cable is bolted to the Track top and the extension cord plugged in. Your STAIR-GLIDE is ready to use. Costs 8¢ a week to operate.

Chair can be sent back and forth empty with the Call Buttons at top and bottom of the stairs . . . Serves as a handy Dumbwaiter for transporting food trays, laundry, medicines. Automatic Safety Devices meet all National Code requirements.

2-YEAR WARRANTY ON MATERIALS, PARTS AND WORKMANSHIP

GOLD CROSS
AMBULANCE SERVICE, INC.
MEDICAL SERVICES, INC.

Always ready to serve you!

SPRINGFIELD	CHICOPEE	NORTHAMPTON	WESTFIELD
781-3781	592-5159	584-0282	562-2812

EXECUTIVE OFFICES:
78 ISLAND POND RD. SPRINGFIELD, MASS. 01118

GOLD CROSS PATIENT EQUIPMENT ▪ RENTAL ▪ SALES ▪ SERVICE

"FIRST IN PERSONALIZED SERVICE SINCE 1907"

NEW!!
Complete Linen Rental Service for Doctors & Nursing Homes

FREE PICKUP
&
DELIVERY SERVICE

Blankets
Wash Rugs
Hand Ironing
a Specialty

Belmont Laundry
and CUSTOM *dry* CLEANERS

Fur Cleaning
And Storage
Mothproofing

"MAKE ONE CALL DO IT ALL"

AMPLE PARKING
333 BELMONT AVE.,
SPRINGFIELD

736-3615

DOCTOR!

OUR COLLECTION SERVICE IS THE *RIGHT* PRESCRIPTION FOR YOUR DELINQUENT ACCOUNTS

we have served "The Business Side of Medicine" for over a quarter of a century

CORLISS ADJUSTMENT BUREAU, Inc.
293 Bridge Street Springfield, Mass. 01103
call our Medical Division, 739-7346